

**Utah's Division of Child and Family Services**

# **Southwest Region Report**

## **Qualitative Case Review Findings**

**Review Conducted**

**February 23-26, 2009**

*A Report by*

*The Office of Services Review, Department of Human Services*

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# **I. Introduction**

The Southwest Region Qualitative Case Review for FY 2009 was held the week of February 23-26, 2009. Reviewers were selected from the Office of Services Review, the Division of Child and Family Services, and community partners. Reviewers included seven members of the Region's Quality Improvement Committees (QIC), a representative from Juvenile Justice Services (JJS), and the director from a local Domestic Violence shelter.

There were twenty-four cases randomly selected for the Southwest Region review. The case sample included eighteen foster care cases and six home based cases. Six different offices throughout the Region had cases selected as part of the random sample. A certified lead reviewer and shadow reviewer were assigned to each case. Information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents or other guardians, foster parents (when placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. Additionally, the child's file, including prior CPS investigations and other available records, were reviewed.

## II. System Strengths

During the Qualitative Case Review process, many strengths were observed and identified regarding the system and case management. At the conclusion of each two day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present two or three strengths on their case that had a positive impact on the case. The list below is a summarized list of strengths identified by the reviewers. This is not an exhaustive list of all the strengths mentioned during the review process.

### Engaging

In cases where engaging was a strength:

- The caseworker demonstrated an impressive level of engagement with the family. The family called their DCFS worker if they had a problem before they called anyone else because they viewed the worker as their biggest support.
- The caseworker was a good match for the family because the worker was "laid back" and the parents had trouble with authority figures. The worker's patience with the family made a big difference in the case.
- The caseworker was trusted by all of the professionals involved in the case. The school raved about their relationship with DCFS.
- The caseworker was Hispanic and spoke Spanish, which allowed the family and worker to bond well and that became one of the real strengths of the case.
- The peer parent hit it off with the parent and they had a great relationship which helped the parent succeed.

### Teaming

In cases where teaming was a strength:

- The case had a really strong team because team members had been consistent and meetings were held regularly. Team coordination was very effective which allowed the team to respond quickly when problems came up. Team members indicated that the worker kept them fully informed which made them feel like a valued team member.
- The ICWA case had great coordination with the Tribe. The Tribe had been included in the decision-making. This resulted in the Tribe applying for a subsidy on behalf of an adoption case. The Tribe was also planning to help with orthodontia treatment due to the collaboration.
- The team took ownership of the family to the extent that the provider offered the father future employment. The team listened to the families' desires. The team talked in terms of "we" not "they."
- The team was robust in membership and included many extended family members and both parents. The family was highly involved and felt listened to. The worker did a nice job of keeping extended family involved (including out of state family).

## **Assessment**

In cases where assessment was a strength:

- The team had a shared understanding of the child's history and what made her tick. This allowed the team to respond to the child in a way that helped her stabilize in her placement.
- There was a good, shared understanding by team members on where the mother was at on her plan and what she still needed to complete. There were many different assessments completed and shared over the past few years.

## **Long-term View**

In a case where long-term view was a strength:

- The worker ensured that everyone on the team knew the family's long-term view. The mother struggled with comprehension and was having trouble recognizing how her behaviors impacted the family. The caseworker had the mother describe her long-term view by drawing a picture outlining her goals and what a safe home looked like. This creative approach was much more understandable and meaningful to the mother and also benefited the team in case planning.

## **Planning**

In cases where planning was a strength:

- The plan was one of the best-written plans the reviewer had ever seen. The plan was very current and really reflected what was going on. The worker was able to get across why team members were doing what they were doing. The plan provided a clear sense of what the child's needs were around the child's drug problem. Assessment was tied to planning very well.
- The plan had been adapted over time and changed as things had been accomplished. The case started with numerous requirements and the family became overwhelmed. The worker then staggered the plan requirements. After that, the family did well and made good progress.
- The plan changed as new things were discovered. The parents' conflict became a problem for stability so the plan was updated to include the need to do therapy together.

## **Caregiver**

In cases where caregiver functioning was a strength:

- The placement was a really good match between a teenage foster child and the foster parent. The foster parent had some elasticity in their rules which helped them successfully maintain a teenager with challenging behavior.
- The residential placement was a good fit for the child's needs. The program specialized in latency age children with reactive attachment issues.
- The foster parents were a great asset to the child. They helped the TAL child get to the point that he had been accepted into college. They helped him be emotionally and educationally ready to go.

## **Formal / Informal Supports**

In cases where supports were a strength:

- Numerous informal supports had been wrapped around the family that will continue after case closure. That level of informal supports helped the foster parents successfully maintain six young children in their home.
- The mother was able to choose where she would get her services. DCFS found ways to get the mental health assessment and domestic violence services at no financial cost to the mother.
- The case benefited from the informal supports that had been involved including a good mix of family and friends. The wrestling coach attended the family team meeting.
- Extended family had been a strong informal support. The caseworker worked with the great grandmother to keep her involved in the case because she played a critical role in the family's life.
- The child experienced marked improvement in his schooling due to the school catering to his individual needs. Because homework was a trigger for problems at home, the school created a special period to do homework at school. The school also assisted with getting the child into an intervention program after school.

### **III. Stakeholder Observations**

The results of the QCR should be considered within a broader context of local or regional interaction with community partners. The Office of Service Review staff supporting the qualitative reviews interview key community stakeholders such as birth families, youth, foster parents, providers, representatives from the legal community, other community agencies, and DCFS staff. This year the Qualitative Case Reviews in the Southwest Region were supported by a total of thirteen interviews. There were five focus groups: DCFS caseworkers, DCFS Supervisors, Region Administration Team, Quality Improvement Committee, and Foster Parents. There were also eight individual interviews: Adolescent group home provider, Department of Workforce Services, County Mental Health, Assistant Attorney General, Guardian ad Litem, Crisis Center, Fostering Healthy Children program, and the Southwest Regional Director of DCFS.

The information from the stakeholder observations has been organized around broad topics discussed during the focus groups and interviews. Obviously, not everyone commented nor agreed on all topics. Where there appeared to be some consensus, the comments are noted:

#### **Strengths**

Several stakeholders identified frontline caseworkers as one of the real strengths of the Region. Their perception is DCFS workers really care about the children. Stakeholders expressed an appreciation for the difficulty of the caseworkers' jobs and for how heavy their loads can be at times. The Region has dedicated caseworkers that do great work with children and families.

The addition of the new Resource Family Consultant (RFC) position was often identified as one of the best staff improvements of the past year. Administration hybridized the position to meet the needs of staff and foster parents. The RFC has been extremely beneficial to region staff, foster parents and other partners such as the Guardians ad Litem. It has been great having a liaison between foster parents and staff. The position has assisted with foster parent retention and satisfaction.

Community partners described how their working relationship with DCFS continues to improve. One partner indicated that the best word to describe the working relationship with DCFS is "professionalism." A treatment program reported experiencing good open communication with caseworkers. When the program and workers had a strong working relationship, the youth in the program did better.

The Region is doing some collaborating with the neighboring state of Arizona on Domestic Violence services. The Regional Domestic Violence (DV) team now includes a member of the Safety Net program that works with polygamy groups in Utah and Arizona. The worker has proven to be a great resource to both Utah and Arizona. Arizona is even helping to fund the position in Utah.

The Region has been doing better with worker retention. There was some question as to whether the current economic situation has encouraged workers to stay. Supervisors have targeted their efforts to maintain workers by focusing on things like ensuring they are available, giving praise for great work, and being more cognizant of workers' needs.

There are three Quality Improvement Committees (QIC) within the Region. The committees are comprised of representatives from a variety of agencies and community partners. The committees have been functioning well. All three QICs have caseworker retention and recognition as their goals. They have been using appreciation tools such as recognition dinners, awards, and cards. The workers appreciate the efforts and it is having a positive effect on morale. The committees' future goals include generating more community support for DCFS by bringing positive attention to the Region. The QICs plan to develop more resources for parents and foster children. The committees also plan to help the Region with their goal of increasing placement stability for foster children.

Immersion Day presentations have been a big success and the plan is to continue holding the events. They have been very helpful to community partners getting acquainted with DCFS. The most recent Immersion Day had 40 participants from a variety of agencies including law enforcement. The presentation included participants from in-home, out of home, domestic violence, healthcare, and intake program areas. They also had a client panel that discussed their experience with the Division. This helped the attendees see things from the consumer side. There was not a dry eye in the house during the client panel presentation.

### **Four Day Work Week**

The Southwest Region began working a compressed four day work week schedule on August 4, 2008. Many caseworkers report not seeing much of a change in the way they work. They were already having long days due to out-of-area placements and then flexing out their time. If their case requires some action on Friday, they do it. There are families that benefit from being able to have a 7 a.m. family team meeting (FTM) and some that work and need an evening time. The downside to the late FTM is the agencies that don't work late hours often prefer to not attend outside their traditional work hours. Workers with young children seem to have the biggest challenges with the compressed schedule. The longer days means they get home later and a little more tired. Daycare issues seem to be a problem for workers who are single parents.

Overall, foster parents report that the compressed work week has not been a problem for them. One worker has given the foster parents her cell phone to make sure they can call her any day. For another case, the four day work week has been hard on the birth mom because Friday is her best day for visits and they cannot schedule them on that day.

Court is open on Friday so it is a regular workday for CPS. Court hearings are generally held on Tuesday and Thursdays. The AG's office is working a four day work week. The AAG reports that with court open on Fridays he can schedule hearings quicker if need be, quicker than he could before. The GAL indicated that caseworkers have continued to make themselves available to children whenever there is a need. He doesn't think families have seen less accessibility.



A couple of service providers report that the compressed work week does present a couple of challenges. The schedule adds another day in addition to Saturday and Sunday of limited or no access to the caseworkers. This is most problematic when they are dealing with a crisis. To the residential program, the four day work week also means one less day caseworkers can visit the program. They welcome drop-ins because it creates a sense of having another boss when workers or supervisors drop in and see the program and make sure the residents are doing something productive.

## **Budget**

The Division and many of the community partners continue to be impacted by the current economic crisis and budget cuts. Regional administration has been meeting with community partners to discuss budget changes. The communication has helped each of them understand what the other is experiencing. Even with the current budget concerns, providers and legal partners indicate they have not seen any negative impact on the work. They have not seen placement decisions, either coming into or leaving care, determined by money. They have not heard of regional administration saying they won't pay for an assessment or an evaluation. They have not had a situation where the court has had to order the Division to pay because the Division was reporting that they were unable to meet the need. One residential program indicated they are still getting referrals for placements. They feel like DCFS continues to do what is in the best interest of the children. The primary concern of caseworkers and supervisors is the potential for caseload size to increase due to budget constraints.

One of the changes noticed by partners at this point has been the decision to eliminate caseworkers' office desk phones. Workers continue to use cell phones. This has been an adjustment for some providers who are accustomed to leaving messages at any time on office phone numbers. Some providers are feeling the impact of having mileage reimbursement cut back to the rate it was years ago. This makes it difficult for providers who are trying to put more visitations into their program. Some foster parents are worried where other cuts are going to come from. They are worried how it will affect the children. There is a concern that if adoption subsidies are reduced, it will create new problems.

Many of the traditional supportive services that DCFS refers clients to are being stretched beyond their resources. One local mental health agency anticipates losing a therapist or two in July due to funding cuts. This comes at a time when they are seeing an increase in clients. One suggestion from the caseworkers to help save parents the expense of private providers is to take advantage of the in-house regional clinical staff. In-house clinical staff could do the assessments and attend the Family Team Meetings. DWS has experienced a huge workload increase due to the number of people who are out of work. DWS reports applications for assistance have doubled in the last couple months. One of the local crisis shelters is preparing for cuts by combining jobs as employees leave. Demands for services are increasing during a time that resources are decreasing.

## **TAL**

One portion of the foster care children population that presents ongoing challenges for the region is the older youth ages 14 and above who are participating in the Transition to Adult Living (TAL) services. One challenge associated with serving this population is the lack of apartments that can be used to help transition a youth to residing on their own. This resource is most noticeably absent in the rural areas of the region. Many of the youth end up being placed outside of the region, which is more difficult for workers because the TAL resources are different in each area.

Another challenge in serving the TAL population is the demographics of the youth. Workers describe seeing an increase in the number of lower functioning youth that do not qualify for services from the Division of Services for People with Disabilities (DSPD). Some are old enough to age out of the system, but they are unable to reside on their own. They tend to struggle with the traditional TAL services and expectations. Many of the older TAL youth have mental health issues and behavior issues that make it much more difficult to complete the traditional TAL goals of education and independence. The dedicated workforce is working hard to address these challenges.

One important TAL resource is the Division's partnership with the Department of Workforce Services (DWS). DWS administers the Education and Training Voucher (ETV) program that is set up to assist youth emancipating from care. The youth can get up to \$3000 per year until age 21 to assist with continuing their education or training. DWS reports that one of the biggest barriers is the lack of follow through by the youth. Many 18 year olds do not have education as a priority and they are often not ready to be independent.

Several suggestions were offered to enhance the TAL services. One suggestion was to develop Youth Advocates or mentors for the TAL youth. Another suggestion was to take advantage of the local educational resource of Snow College. Their entrance requirements are a little easier than some other in-state college programs. Several individuals also suggested creating an Independent Living Dorm, similar to the one located in the Northern Region, to help youth transition to living on their own.

## **Family Team Meetings**

Many of the community partners identified Family Team Meetings as one of the best ways to enhance agency collaboration and communication. Treatment providers, community partners, allied agencies and legal partners all report being involved in Family Team Meetings. One legal partner describes being an advocate of teaming because of the way it can assist with case progress. He requested a FTM when he had concerns about how one of his cases was going.

Many providers' perception is that DCFS works really hard at having regular Family Team Meetings and involving parents. One residential provider credits good teaming for their ability to take youth who had not done well in other programs and help them stabilize. The teaming

helped the youth have more buy-in to their plan so the youth took more action generating better results.

For a couple of community partners, the Family Team Meeting concept has evolved and is now also used for what they call an “agency family team meeting.” The partners describe using the teaming concept as a platform to brainstorm and address problems between the agencies. This concept is identified as being different than an “agency staffing” in that it is viewed as people coming together with more of an investment in the working relationships. The partners come to the meetings with an expectation that by the time the meeting is over, the problem or issue will be resolved and the working relationship will have been enhanced.

Community partners expressed the desire to continue to be involved in the teaming process and had a few suggestions on how the teaming process could be improved for them. They expressed a need for sensitivity to their schedule when setting up the team meetings. Some partners have a difficult time being able to attend team meetings held outside of traditional five-day work week schedules. Allied professionals benefit from advance notice of team meetings. Their schedule is often booked two to three weeks out so as much advance notice as possible allows them to block out that time on their schedule. Another suggestion was to provide copies of the meeting minutes to team members who were unable to attend the meeting so they can stay updated on what is happening. The legal partners on the cases often participate in many of the team meetings which was identified as being beneficial. With the legal partners included in the meetings, one suggestion was to ensure that the team meetings are a family friendly place and that there is more of a sense of collaboration rather than confrontation.

## **Challenges**

Many of those interviewed identified several common challenges facing the Region. One challenge is the evolving demographics of children coming into foster care. Many children are coming into foster care on delinquency and mental health issues. Child protective services (CPS) is receiving more cases of young children (ages 9-11) who are out of control. Many of these cases are not court removals but parents getting frustrated, giving up, and placing their child in DCFS custody. Juvenile probation is also staffing as many as one probation case per week for possible placement with DCFS. The youth don’t qualify for Juvenile Justice Services (JJS) due to either being too young or not meeting the matrix guidelines for JJS case management. The courts want them out of the home so probation looks to DCFS. Many of the youth have issues with aggressive behavior making it difficult to place them. Higher need children impact areas such as stability and providers’ willingness to accept them as a placement. Many of the ungovernable children coming into care end up going to residential placements. Much of the Division’s time and resources is being spent on ungovernable and delinquency cases which is becoming increasingly difficult for the Division.

Another identified challenge relates to the lack of services readily available in the rural areas of the region. Lack of counseling services, family preservation, and other therapeutic services were considered the weakest link. Lack of treatment resources is difficult for parents trying to complete their required list of services. Families often have to travel a long distance to obtain

court ordered services. One example is a family needing sex specific treatment that had to go out of the region to a provider in Salt Lake to obtain the service. Because services are limited, families have to wait to get into classes. As a result, the start times for services don't match the Division's time expectations. There are not a lot of employment opportunities in the rural community, which can be difficult for parents who are expected to maintain employment.

Those interviewed indicated that one of the biggest challenges facing the child welfare system is the need for more preventative and early intervention services. It is critical to spend resources early to resolve issues rather than waiting until the child is 15 or 16 years old. With no preventative services, children are coming into care after the problem is out of hand. Most children currently coming into foster care are delinquency cases or voluntary placements by parents who have ungovernable children. There is no funding for preventative services to divert families from getting deeper into the system. Supervisors, workers and partners see a real need for preventative services such as Family Preservation, Families and Communities Together (FACT), Protective Youth Services (PYS), and more parenting classes. The community would also benefit from having some prevention workers in the schools. Having preventative services to support families before the need escalates is paramount. Some suggest that the system is now dealing with the fallout from cutting prevention funds.

Another major challenge the region faces is the lack of foster homes within the region, particularly in rural areas. The area has lots of group home placements but not enough foster care homes. Because there are not enough DCFS foster homes, caseworkers either have to go to a higher level of care or place the child out of the area. This can be problematic for parents who don't have funds to visit their children placed in residential programs out of the area. The Foster Care Foundation is struggling to recruit structured foster parents. Most potential foster families are not in a position to meet the standards that a structured home requires. Foster parents often have concerns about bringing an older child into their home and the impact on their own children. Some prospective foster parents are getting lost in trainings. Others drop out because they feel like the expectations of licensing are too difficult.

Another challenge for the Region is dealing with the perception among foster parents that many foster homes are being underutilized. Some foster parents are not renewing their license because they are not being used. They get told DCFS is desperate for foster families but then a lot of available homes do not receive placements. From their perspective, one of the barriers is the region not allowing foster parents to accept placements from other regions when that region is geographically closer to them. From the Region's perspective, some of the underutilization is the result of foster parents' self-imposed limitations or restrictions of the children they are willing to accept as placements. Some are unwilling to deal with certain behavior issues such as sexual reactivity. Some are only willing to accept younger children. In an effort to address the foster parents' frustration, Region administration plans to get more information out to foster parents regarding the demographics of the children coming into care and awaiting placement. The plan is to collaborate with the monthly foster parents newsletter (The Foster Roster) and share information in hopes of reducing foster parents' frustrations and reminding them they are a valued resource.

Because there is a large number of group home and residential programs located within the Region, caseworkers are often asked to provide courtesy supervision services. These cases can often be challenging. Workers end up devoting a lot of time to cases on which they are not the primary caseworker. If the case is not handled well, the courtesy worker loses the personal touch of what the case is all about and what the child needs. The courtesy workers would like to be involved in any family team meetings set up by the primary worker. There is a need for more collaboration with the primary caseworker. They often receive calls from workers at the last minute indicating they cannot make it down to the area and request a local worker do the visit. The children need to be seen by a worker who knows what is going on. Many of the caseworkers in the region indicated they don't like having other workers do courtesy supervision visits for them because they want to see the children themselves.

## **IV. Child and Family Status, System Performance, Analysis, and Trends**

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

- 1: Completely Unacceptable
- 2: Substantially Unacceptable
- 3: Partially Unacceptable
- 4: Minimally Acceptable
- 5: Substantially Acceptable
- 6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 21 key indicators. Graphs presenting the overall, summative scores for each domain are presented below. They are followed by graphs showing the distribution of scores for each indicator within each of the two domains. Later in this section brief comments regarding progress and examples from specific cases are provided.

## Child and Family Status Indicators

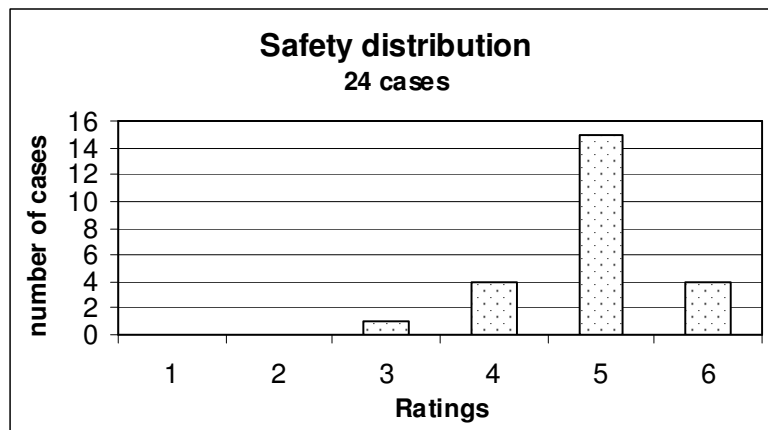
### Overall Status

Southwest Child Status									
	# of cases	# of cases		FY05	FY06	FY07	FY08	FY09	Trends
	(+)	(-)							
Safety	23	1	Exit Criteria 85% on overall score 95.8%	100%	96%	91%	92%	96%	
Stability	17	7	70.8%	92%	79%	65%	71%	71%	
Approp. of Placement	24	0	100.0%	100%	100%	91%	88%	100%	
Prospect for Permanence	16	8	66.7%	88%	79%	61%	71%	67%	
Health/Physical Well-being	24	0	100.0%	100%	96%	100%	100%	100%	
Emot./Behavioral Well-being	23	1	95.8%	92%	100%	87%	83%	96%	
Learning Progress	22	2	91.7%	96%	100%	100%	96%	92%	
Caregiver Functioning	17	0	100.0%	100%	100%	91%	100%	100%	
Family Resourcefulness	12	2	85.7%	94%	57%	75%	50%	86%	
Satisfaction	22	2	91.7%	100%	96%	100%	83%	92%	
<b>Overall Score</b>	<b>23</b>	<b>1</b>	<b>95.8%</b>	<b>100%</b>	<b>96%</b>	<b>91%</b>	<b>92%</b>	<b>96%</b>	Above standards
0% 20% 40% 60% 80% 100%									

## Safety

**Summative Questions:** Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

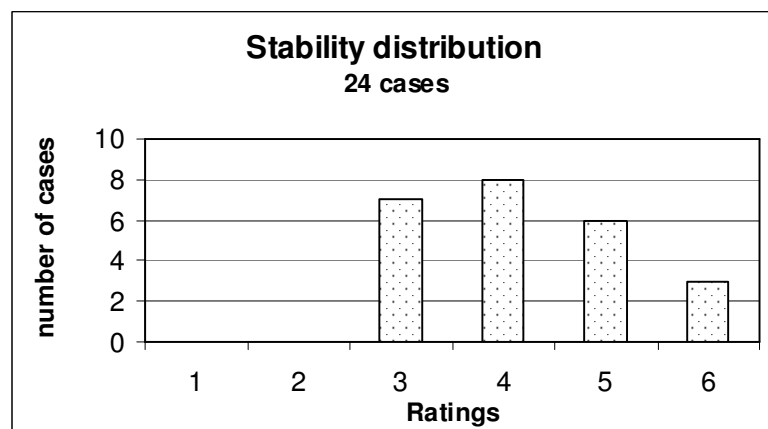
**Findings:** 96% of cases reviewed were within the acceptable range (4-6). This is an increase from last year's score of 92%. There was one case that received an unacceptable score on safety.



## Stability

**Summative Questions:** Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

**Findings:** 71% of cases reviewed were in the acceptable range (4-6). This is the same percentage as last year.

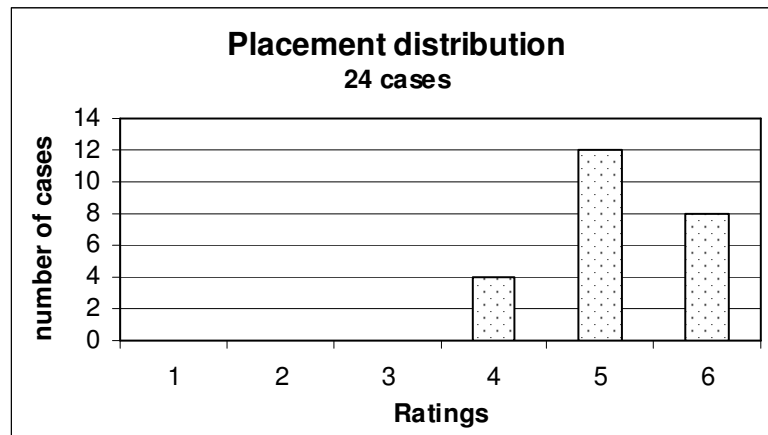




## Appropriateness of Placement

**Summative Questions:** Is the child in the most appropriate placement consistent with the child's needs, age, abilities and peer group and consistent with the child's language and culture?

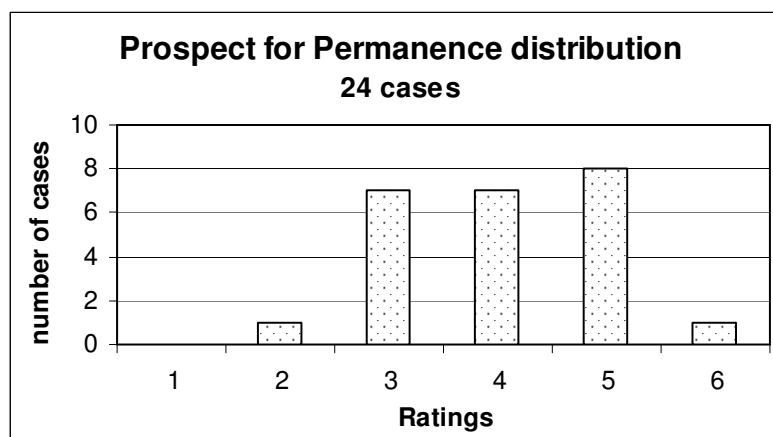
**Findings:** 100% of cases reviewed were in the acceptable range (4-6). This is a significant increase from 88% last year.



## Prospects for Permanence

**Summative Questions:** Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in enduring relationships that provide a sense of family, stability, and belonging?

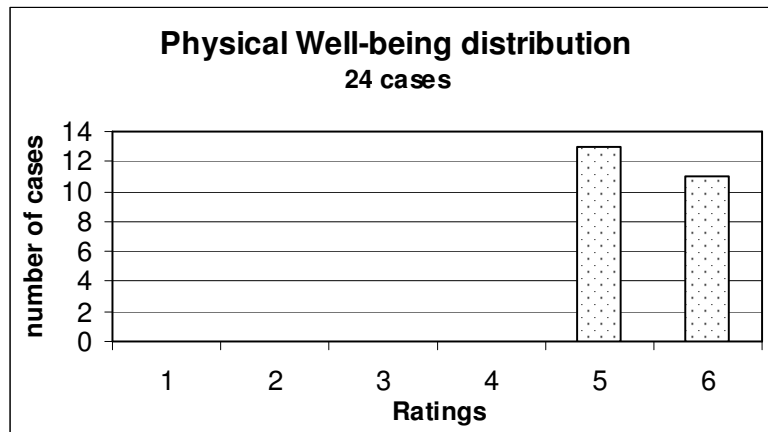
**Findings:** 67% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 71%.



## Health/Physical Well-Being

**Summative Questions:** Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

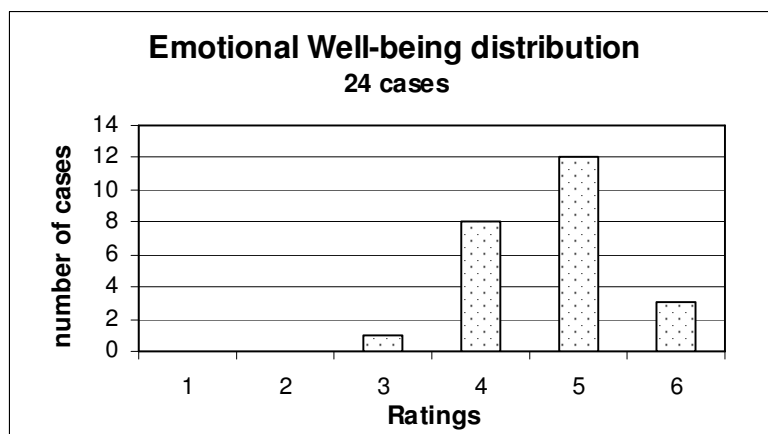
**Findings:** 100% of cases reviewed were within the acceptable range (4-6). The Region maintained this excellent rating of 100% for the last three years.



## Emotional/Behavioral Well-Being

**Summative Questions:** Is the child doing well, emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

**Findings:** 96% of cases reviewed were within the acceptable range (4-6). This is a significant increase from last year's score of 83%.

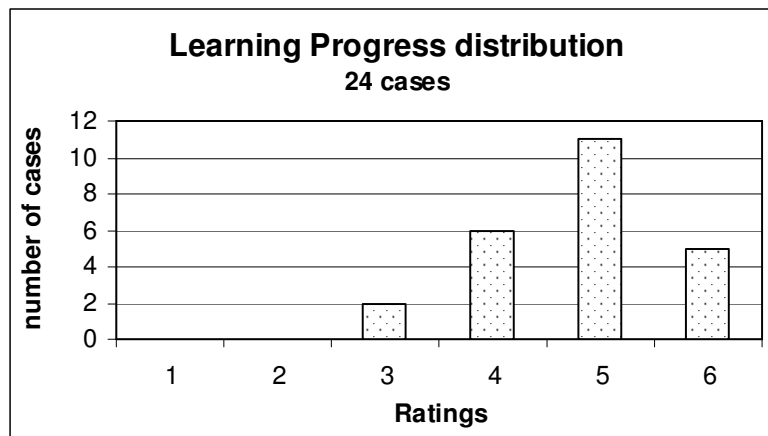


## Learning Progress

**Summative Question:** (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/her age and ability?

**Note:** There is a supplementary scale used with children under the age of five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

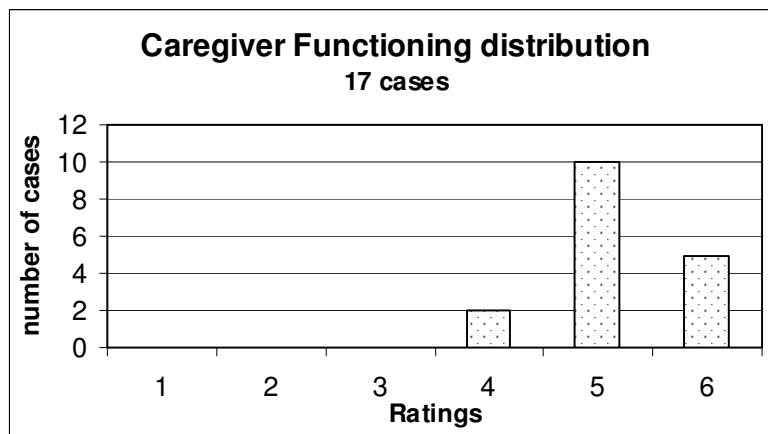
**Findings:** 92% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 96%.



## Caregiver Functioning

**Summative Questions:** Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

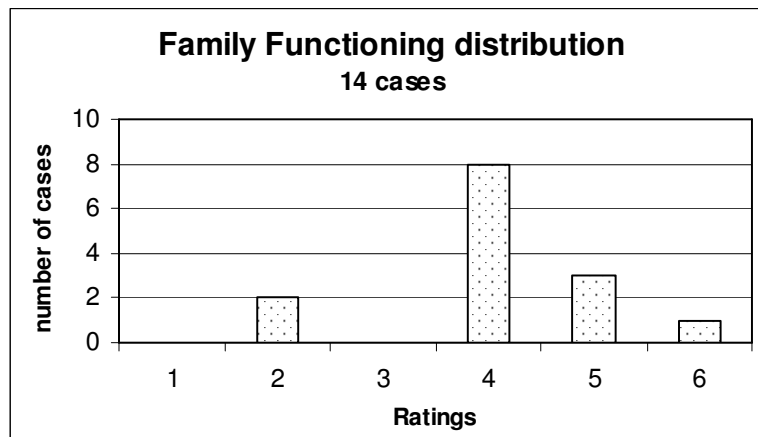
**Findings:** 100% of cases reviewed were within the acceptable range (4-6). The Region maintained the excellent 100% rating from last year.



## Family Functioning and Resourcefulness

**Summative Questions:** Does the family, with whom the child is currently residing or has a goal of reunification, have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

**Findings:** 86% of the cases that were scored on this indicator were within the acceptable range (4-6). This is a huge increase from last year's score of 50%.



## Satisfaction

**Summative Question:** Are the child, parent/guardian, and substitute caregiver satisfied with the supports and services they are receiving?

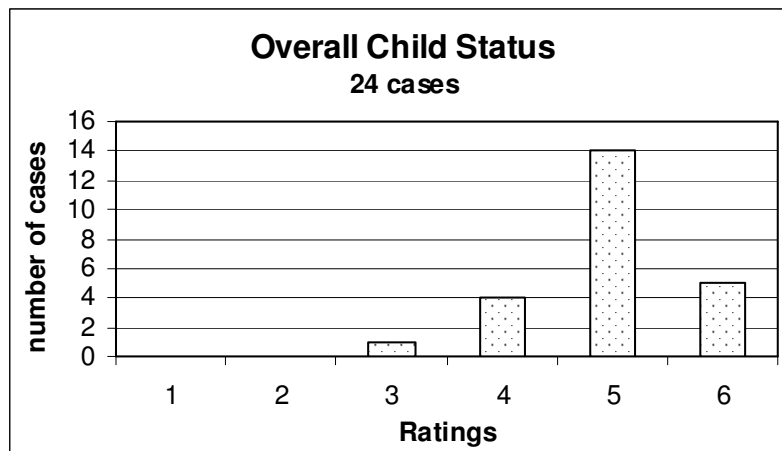
**Findings:** 92% of cases reviewed were within the acceptable range (4-6). This is an increase from 83% last year.



## Overall Child and Family Status


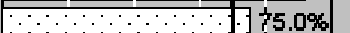



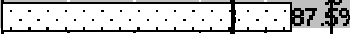






**Summative Questions:** Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a “trump” so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.

**Findings:** 96% of cases reviewed were within the acceptable range (4-6). There was only one case that rated as unacceptable on overall child status. That case rated as unacceptable child status due to an unacceptable score on safety. The overall Child and Family Status score increased from last year’s score of 92%.



## System Performance Indicators

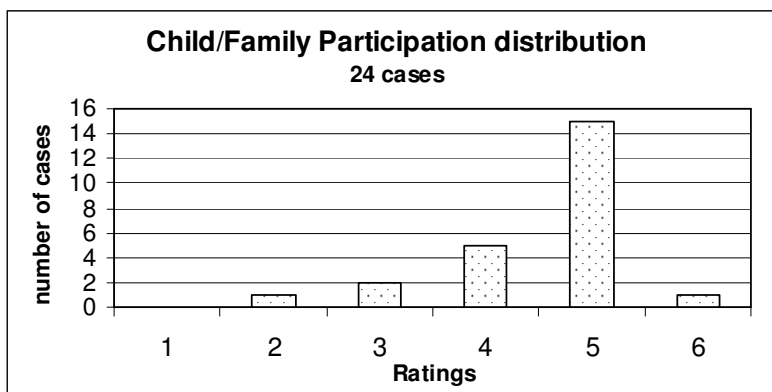
### Overall System

Southwest System Performance									
	# of cases (+)	# of cases (-)		FY05	FY06	FY07	FY08	FY09	Trends
			Exit Criteria 70% on <b>Shaded</b> indicators						
			Exit Criteria 85% on overall score						
Child & Family Team/Coord.	22	2		100%	92%	83%	79%	<b>92%</b>	Above standards
Child & Family Assessment	18	6		88%	71%	61%	75%	<b>75%</b>	Above standards
Long-term View	21	3		92%	83%	65%	75%	<b>88%</b>	Above standards
Child & Family Planning	20	4		96%	92%	83%	88%	<b>83%</b>	Decreased but above standards
Plan Implementation	24	0		100%	88%	83%	79%	<b>100%</b>	Above standards
Tracking & Adaptation	21	3		100%	92%	74%	88%	<b>88%</b>	Above standards
Child & Family Participation	21	3		96%	88%	91%	92%	<b>88%</b>	
Formal/Informal Supports	24	0		100%	100%	91%	88%	<b>100%</b>	
Successful Transitions	18	3		100%	96%	74%	83%	<b>86%</b>	
Effective Results	22	2		100%	96%	83%	75%	<b>92%</b>	
Caregiver Support	18	0		100%	100%	100%	100%	<b>100%</b>	
<b>Overall Score</b>	<b>23</b>	<b>1</b>		<b>100%</b>	<b>92%</b>	<b>83%</b>	<b>88%</b>	<b>96%</b>	
0% 20% 40% 60% 80% 100%									
%									

## Child and Family Participation

**Summative Questions:** Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

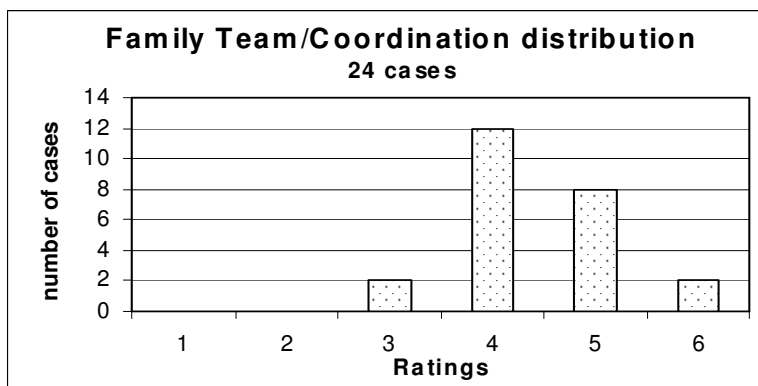
**Findings:** 88% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 92%.



## Child and Family Team and Coordination

**Summative Questions:** Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of services across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

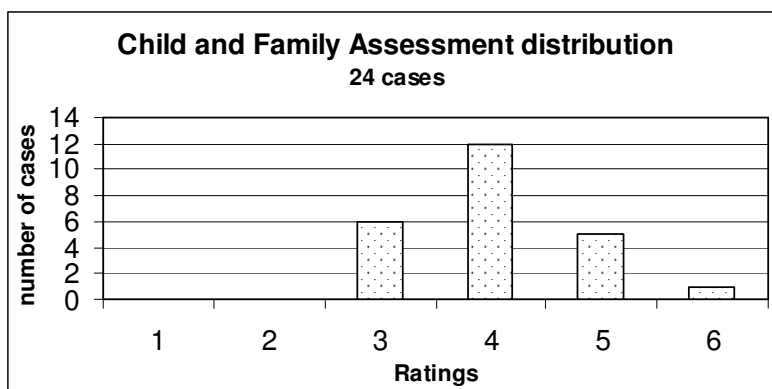
**Findings:** 92% of cases reviewed were within the acceptable range (4-6). This is a significant increase over last year's score of 79%.



## Child and Family Assessment

**Summative Questions:** Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

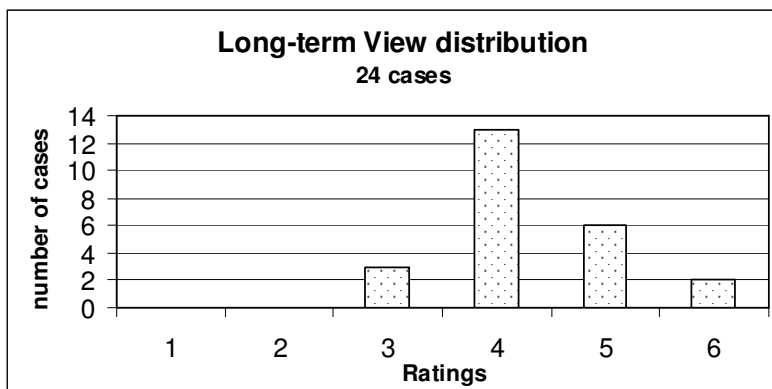
**Findings:** 75% of cases reviewed were in the acceptable range (4-6). This is the same percentage as last year.



## Long-Term View

**Summative Questions:** Is there an explicit plan for this child and family that should enable them to live safely and independent from the child welfare system? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

**Findings:** 88% of cases reviewed were within the acceptable range (4-6). This is a significant increase from last year's score of 75%.

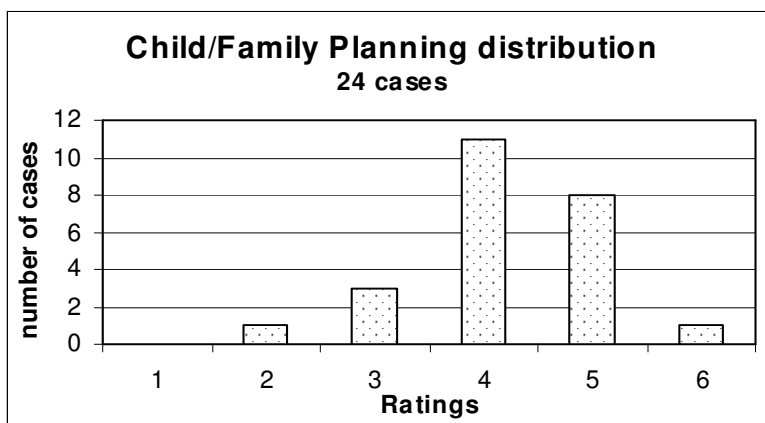




## Child and Family Planning Process

**Summative Questions:** Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

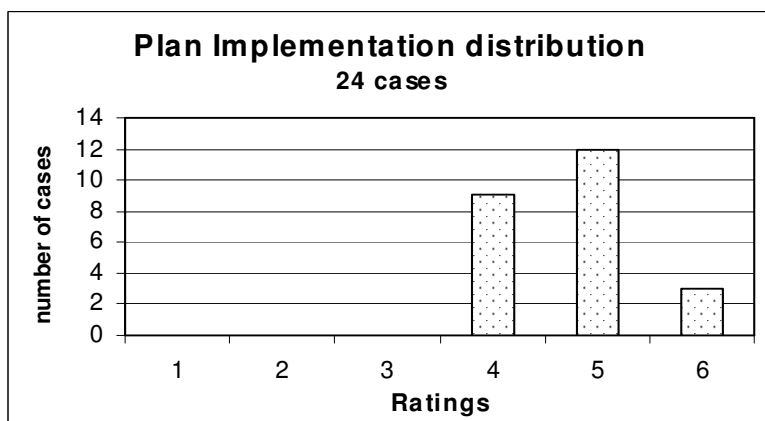
**Findings:** 83% of cases reviewed were within the acceptable range (4-6). This is a decrease from 88% last year.



## Plan Implementation

**Summative Questions:** Are the services and activities specified in the child and family plan 1) being implemented as planned, 2) delivered in a timely manner, and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the plan?

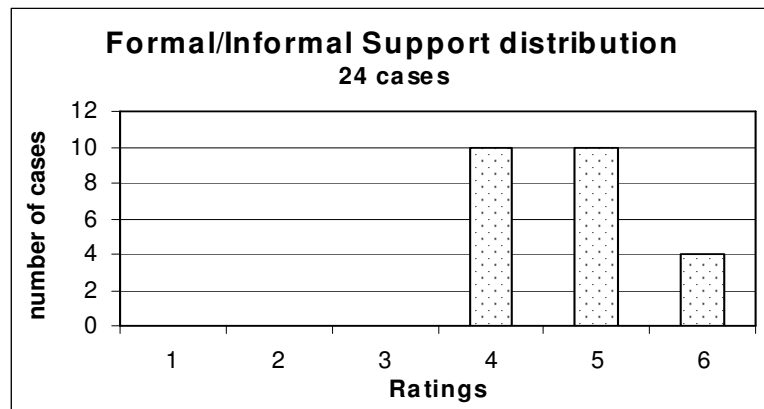
**Findings:** 100% of cases reviewed were within the acceptable range (4-6). This is a huge increase over last year's score of 79%.



## Formal and Informal Supports and Services

**Summative Questions:** Is the available array of school, home, and community supports and services provided adequate to assist the child and family reach levels of functioning necessary to achieve the goals of the child and family plan and for the child to make developmental and academic progress commensurate with age and ability?

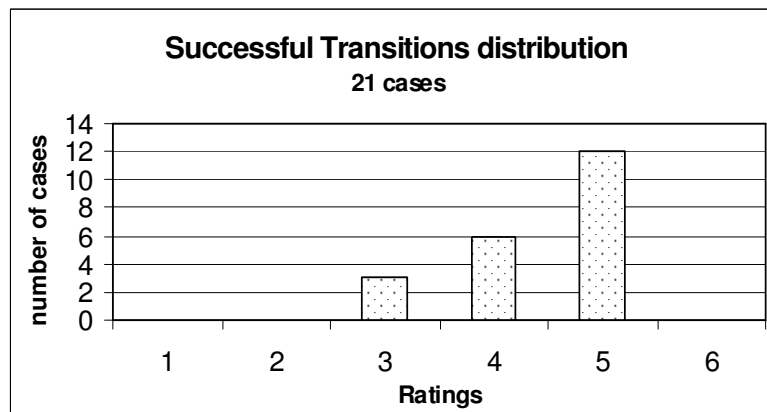
**Findings:** 100% of cases reviewed were within the acceptable range (4-6), a good increase from 88% last year.



## Successful Transitions

**Summative Questions:** Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

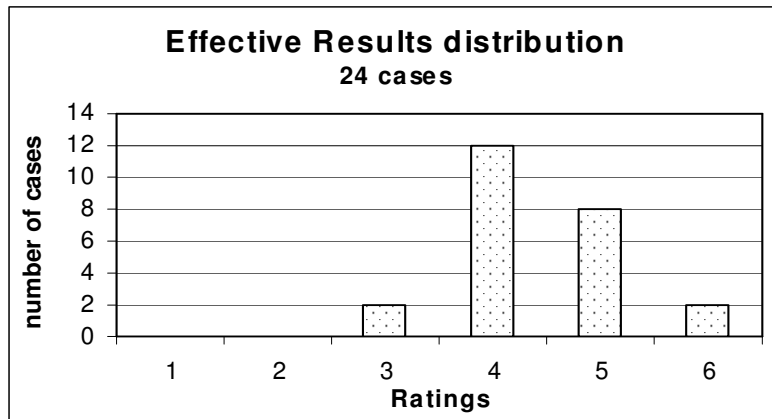
**Findings:** 86% of cases reviewed were within the acceptable range (4-6) which is a slight increase over last year's score of 83%.



## Effective Results

**Summative Questions:** Are the planned education, therapy, services, and supports resulting in improved functioning and achievement of desired outcomes for the child and family that will enable the child to live in an enduring home without agency oversight?

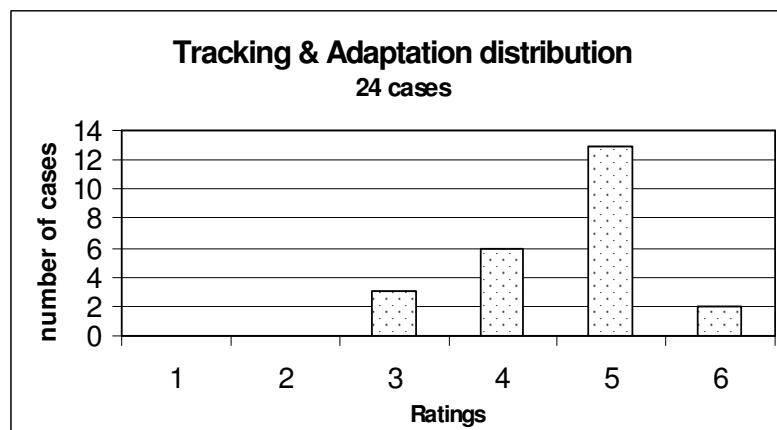
**Findings:** 92% of cases reviewed were within the acceptable range (4-6). This is a huge increase over last year's score of 75%.



## Tracking and Adaptation

**Summative Questions:** Are the child and family status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and family and to apply knowledge gained about service efforts and results to create a self-correcting service process?

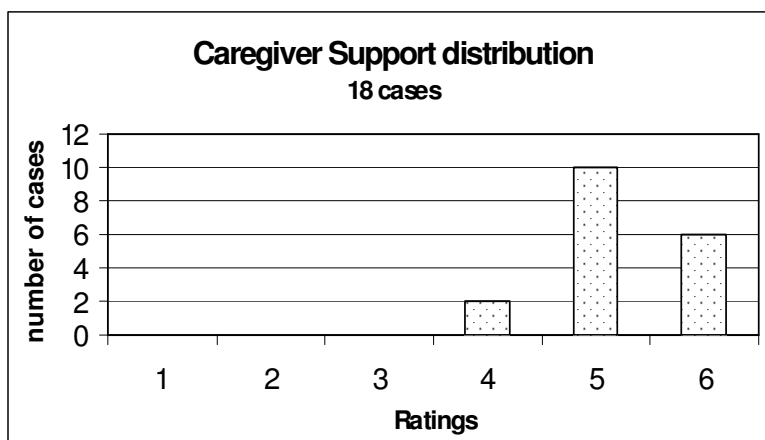
**Findings:** 88% of cases reviewed were in the acceptable range (4-6). This is the same percentage as last year.



## Caregiver Support

**Summative Questions:** Are the substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or care giving functions reliably for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

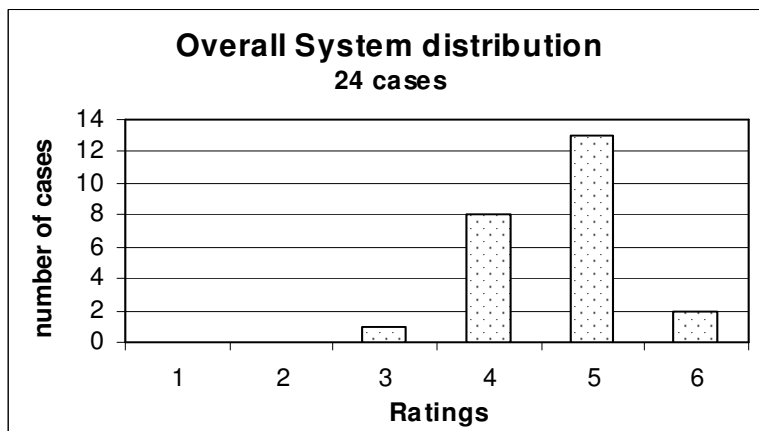
**Findings:** 100% of cases reviewed were in the acceptable range (4-6). The Region has maintained this excellent rating for the last four years.



## Overall System Performance

**Summative Questions:** Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

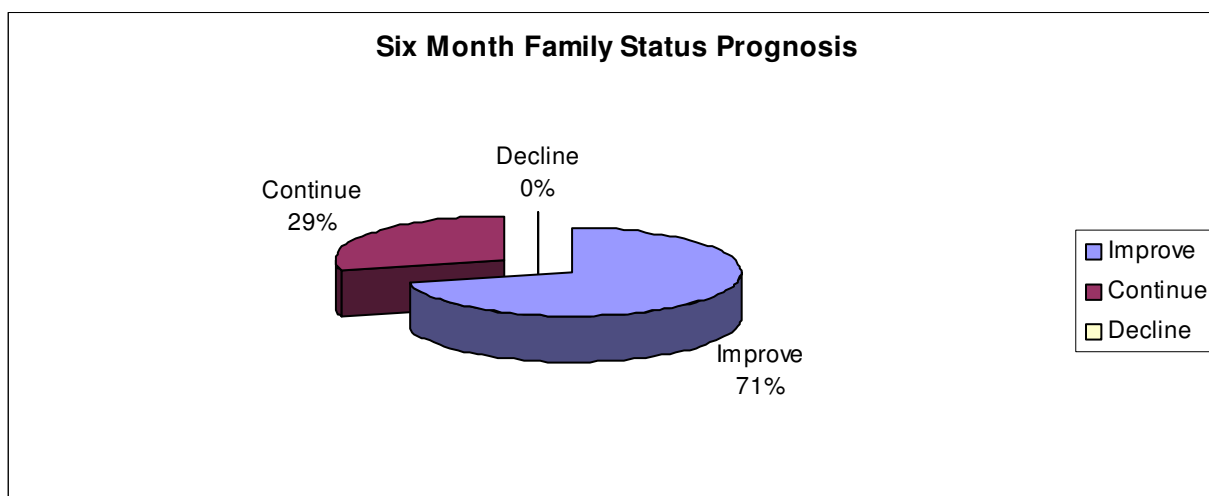
**Findings:** The Region raised their Overall System Performance score to 96% of cases reviewed being within the acceptable range (4-6). This is an increase from last year's score of 88%.



## Status Forecast

One additional measure of case status is the reviewer's prognosis of the child and family's likely status in the next six months, given the current level of system performance. Reviewers respond to this question: "Based on current DCFS involvement for this child, family, and caregiver, is the child's overall status likely to improve, stay about the same, or decline over the next six months?"

Of the cases reviewed, 71% (17 cases) anticipated an improvement in family status over the next six months. In 29% (7) of the cases, family status was likely to stay about the same. There were no cases that were anticipating that the family's status would decline over the next six months.



A case with a prognosis of "likely to improve" over the next six months is considered positive. The question then becomes, what about the cases where it is anticipated that things will "stay about the same" over the next six months? For a family that is doing well, a prognosis of staying about the same could be positive. For a family or child with poor status, it would be negative to be in the same position in six months. The review data indicates that of the seven cases with a prognosis of staying about the same over the next six months, six of the cases had acceptable ratings in child and family status. Five of those six cases were rated as either substantially acceptable or optimal so it would be a positive expectation for those to continue status quo. One of the seven cases had unacceptable child and family status so the forecast of remaining the same is very negative. For the overall Southwest Region review, only one case has a negative prognosis.

## Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

The desired result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient or resourceful children and families, or children and families who have some “champion” or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The outcome matrix reflects some very positive outcomes for children and families reviewed during the Southwest Region review. Just over 91% of the cases had acceptable ratings on both Child Status and System Performance. There were no cases that rated unacceptable on both child status and system performance.

	<b>Favorable Status of Child</b>	<b>Unfavorable Status of Child</b>
	<b>Outcome 1</b>	<b>Outcome 2</b>
<b>Acceptable System Performance</b>	<p>Good status for the child, agency services presently acceptable.</p> <p>n=22 91.7%</p>	<p>Poor status for the child, agency services minimally acceptable but limited in reach or efficacy.</p> <p>n=1 4.2%</p>
	<b>Outcome 3</b>	<b>Outcome 4</b>
<b>Unacceptable System Performance</b>	<p>Good status for the child, agency mixed or presently unacceptable.</p> <p>n=1 4.2%</p>	<p>Poor status for the child, agency presently unacceptable.</p> <p>n=0 0.0%</p>

## **Summary of Case Specific Findings**

### **Case Story Analysis**

For each of the cases reviewed in Southwest Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewers' perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the caseworker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level, only the key Child Status indicators and core System Performance indicators are included.

### **Child and Family Status**

#### **Safety**

The safety indicator represents one of the fundamental responsibilities of the child welfare system and scored 96% in the current review, up from 92% scored last year. Although there is no perfect guarantee of safety under any circumstances (within or outside of the child welfare system), safety is more likely when key indicators of system performance are reliably present.

In the cases that had an acceptable score in safety, the issues had been identified and addressed in the plan and by the team. One case exemplifies how team members worked together to ensure that the children are kept safe:

*The children were placed with the maternal grandparents. The maternal grandparents have rearranged their home and added a security system to ensure that the parents are not able to enter the home. Extended families are involved and supportive of efforts to protect the children. The court has ordered that the parents not have contact with the children for at least a year and the judge scheduled a review for the parents a year out. The children therefore are free from parental intimidations. There are no unmanaged safety risks for the child or his siblings.*

There was one case in which safety was rated as unacceptable. The case involved a young child being exposed to an unresolved safety risk. This case example illustrates how an unmanaged safety issue can put a child at risk:

*One important safety issue [target child's] team did not assess effectively was [the father's] past supported CPS sexual abuse case involving [another child] in 2007. [The mother] had initially petitioned the court for a protective order, but she quickly*

*abandoned it. Neither DCFS nor the child and family team had ever re-visited the incident to assess whether [the father] had unaddressed issues that needed to be resolved. The court petition and the DCFS family assessment both indicated that the past CPS sex abuse case was of concern. The assessment also included additional information ([father] and [target child] were sleeping together naked) that had not been addressed or resolved. There was no safety plan to address this issue.*

## **Stability**

Stability is an important indicator of well-being for children, especially for those in foster care. 71% of the cases represented in the current review scored in the acceptable range which matches the Region's performance from last year on this indicator.

One of the Region's areas of focus over the last year has been to increase placement stability for children, particularly for children residing in foster care. One case story illustrates how stability in relationships assisted a teenage foster child preparing for successful emancipation.

*[Target child] was in the same foster home from the time of entering custody to the point of review. The foster parent was experienced with adolescents and worked in child welfare since the 1970s. [Target child] established a trusting relationship with his foster parents and his tracker, who happened to be the biological son of the foster parent. [Target child] completed his high school studies nearly a year ago and had taken the ACT with favorable results. He was a 'B' student based on his ACT score and was accepted to [a local] College, which starts in early June. Expected transitions are associated with this move in the coming months. [Target child's] placement was secure until he reaches his eighteenth birthday and/or moves to the Salt Lake Valley.*

One case story illustrates how instability was problematic for a child. Instability in placements as well as instability in relationships can have a negative impact on a child.

*[Target child] has had five placements in the last year and it is anticipated that he will have another placement change before the end of the year. Some of the changes have been intentional and purposeful such as moving to an adoptive placement and moving to a higher level of care to meet his needs. Even so, it appears that the moves have added to [target child's] sense of abandonment and instability that he initially experienced from his parents. The placement changes have resulted in changes in his schooling. [Target child] has also experienced instability in his relationship with his siblings, which is very important to him. He has gone from living with them, to being split up with limited contact, to having no contact at all. The team is now trying to restart contact.*

Historically, stability scores have been one of the lower child status scores during each of Southwest Region's QCR reviews. This corresponds with lower scores on the permanency indicator. Of the seven cases that had unacceptable stability, six cases also had unacceptable permanency. It is often assumed that it is teenagers and children residing in residential levels of care who struggle with stability. But, of the seven cases that rated unacceptable on stability, only



three of the children were teenagers and only three of the children were placed in a residential program or higher level of care. Stability is a challenge for all ages and all levels of care.

## **Prospects for Permanence**

Permanency is widely recognized as a primary outcome for children in the child welfare system. Performance on this indicator decreased from 71% last year to 67% in the current QCR sample.

The following case is an example of achieving permanency for a child through guardianship and keeping extended family members connected to the child.

*There is a guardianship order in place for the child and his siblings. All members of the team are confident that the placement will endure until the child can become independent. The court made the guardianship order to support ongoing extended family relationships with the paternal relatives. Paternal kin were also considered as possible placement in the future should the health of the maternal grandparents fail.*

Inadequate permanency often results when a child is residing with caregivers where the relationship is not expected to endure until the child becomes an adult. The plan for meeting a child's need for permanency is considered unacceptable if the prospects are viewed as uncertain or unrealistic. Occasionally, a child's behavior can make finding a permanent home more challenging as outline in the following case example:

*[Target child] is experiencing substantial and continuing problems in establishing permanence. Due to [target child's] age and especially due to his behaviors associated with RAD, it has been very difficult to find a family that is willing to adopt him. His foster parents, although committed to seeing [target child] succeed, have not committed to adopt him.*

*Both of [target child's] parents have had their parental rights terminated by the court. Although [target child] is legally free for adoption and has been so for almost two years, there has been a failure to resolve adoption issues due to problems posed by [target child's] behaviors. There are no relatives deemed appropriate for kinship placements, and [target child's] father defaulted on both the ICPC and on his parental rights.*

*If the foster parents cannot or are not willing to live with [target child's] angry outbursts and his other inappropriate behaviors, it is doubtful that his placement will endure until he becomes independent.*

Prospects for Permanence was the lowest scoring indicator in this review. Over the past four years, Prospects for Permanence has either been one of the lowest or the lowest scoring child status indicator. The demographics of the eight children with unacceptable ratings in permanency range from two 2-yr-olds to a 17-yr-old. Of the eight children, five are placed in foster homes and three are placed in higher levels of care. Meeting the permanency needs of children continues to be a primary challenge.

## Family Functioning and Resourcefulness

The readiness of families to function safely and independently without extensive formal supports is a key long-term indicator of sustainable progress. The score on this indicator experienced a huge increase from 50% last year to 86% in the current review.

The family's ability to function and obtain appropriate supportive resources is a strong component of children being able to be safely maintained in their home or being able to be successfully returned home. The case example below exemplifies how a resourceful parent helped expedite services.

*This family is a fine example of parents taking charge of their situation. [The mother] pursues the resources that the family needs. [The mother] recognizes the value of the team members and their expertise and their ability to access the professional network as a means to expedite her access to community-based resources. From the onset of the case, [the mother] has taken charge and leadership of the team.*

In some cases, a parent's level of functioning can be a barrier that prevents a child from being able to return home safely. Problematic parent functioning was evident in the following case story example:

*[Target child's] mother has a history of an unhealthy relationship with [target child] as well as an inclination toward inappropriate emotional boundaries. [Target child's] mother was difficult to interview. She has had outbursts in court, which once resulted in her being found in contempt of court and put in jail for a few days. She has been inappropriate in child and family team meetings, insisting on making sensational and seemingly unfounded allegations of prior abuse suffered by [target child]. [Target child's] therapist, who worked with [target child's] mother in a family setting, expressed that [target child's] mother really is in need of some long-term therapy that will help her gain insight into her behavior and tendencies toward sometimes reacting with irrational emotion. She will need to develop the capacity to recognize when her emotions are driving her behavior and affecting her decisions. She will also likely need some "supervised experience" while she learns to monitor her emotional behavior and establish appropriate boundaries. None of this has really started yet. In our interview, [target child's] mother didn't really seem to understand the importance of gaining these skills or engaging in therapy. She was very nonchalant about it and certainly not in any hurry, evidenced by the fact that this case is nearing the 12-month permanency hearing and she has failed to engage in therapy. DCFS, it seems, has made reasonable efforts to link her to the appropriate resources.*

## **System Performance**

### **Child and Family Team and Coordination**

The use of child and family teams is a core aspect of the Practice Model and leads to success in many other areas of system performance. The score on this key indicator of system performance increased from 79% to 92%.

Effective teaming was mentioned as a key element in cases that scored well on overall system performance. The following is just one example of how a caseworker did a great job of using teaming to improve the family's situation.

*For this family, the reviewers believe the team is perfectly suited for their needs. This team has remained the same since the beginning of the case and all members have attended family meetings. The team includes the service provider, health care nurse, informal supports, foster parents, AAG and GAL, and school representative for the older child. [The caseworker] has run this case as she would a PSS case so team meetings have been held almost monthly. Everyone mentioned [the caseworker] being a single point of contact, but not the only person that runs the meetings. The family feels the team is working for them, not against them. They appreciate the fact, among other things, that [the worker] has done what she said she would do and so there is a great trust built up. The team met and discussed key points in the case, such as the transition to home. The members talked about how they discussed assessment information and how things were changed and updated based on what they discussed. One of the things that was just as impressive was that the AAG knew as much about this case as any of the team members, not from notes but from actually sitting at the table. The team all shares the same vision of the family- that the children will be returned. An intangible that is hard to quantify, but as reviewers we really got the feeling that the team members really believe in this family. They have become friends and they want the family to succeed by not only taking a professional interest, but also in taking a personal interest in their welfare.*

In the case that had an overall system performance rating of unacceptable, inadequate teaming was identified as one of the primary concerns as explained in the example below.

*The family feels that the decisions made at child and family team meetings are delayed – for instance the decision to postpone the ten hour and weekend visitation. Staffing occurs between professionals, often through email, without the parents' knowledge or participation. This has created a lack of common view and misunderstandings for the parents. The professionals may be all on board with a decision, but the family is left wondering what happened and why the secrecy. The parents have wanted their peer parent and their therapist to be a part of the team, but they did not understand that they had that option.*

## Child and Family Assessment

Formal and informal assessments are critical in developing an understanding of the child and family and how to best provide effective services for them. The Region maintained a 75% score on the Child and Family Assessment indicator for the second year in a row.

The following example exemplifies how a great assessment enhanced a team's planning and intervention in a way that made a meaningful difference in a child's life.

*The team has a strong shared understanding of what drives [target child], what her needs are, and how her early history impacts her. The positive relationship the caseworker has developed with [target child] has enabled her to gain a strong understanding of her behaviors, her underlying needs, and what approaches will be most successful with her. This understanding is reflected in the written assessment document. It is complete enough to enable any reader to understand how [target child] came into DCFS custody, important turning points and events in the case, and what her needs are. It is a record not just of events or reports to the court, but of the worker's growing understanding of this child and how she could best help her. For example, the entry on the Safety tab dated 13 December 2008 talks about how her desire for love and acceptance is often at odds with her fear of emotional closeness. It also shows recognition that she has grown up in the midst of constant drama and chaos, and her self-sabotaging behavior is often an attempt to recreate that chaos. These behaviors often mean [target child] puts herself in harm's way. The strong understanding the team has of [target child] then informs the team's decision making about and with [target child].*

The example below shows how lack of a good assessment can lead to poor planning and ineffective results.

*[Target child] disrupted recently from her grandparents' home. There is a concern from some of the team that there had not been a good assessment of the challenges [target child] would face when put back into the community. She had been in an intensely structured setting, and then she was placed with her grandparents in an unstructured home, and had contact with friends who were not a positive influence. Some team members felt there should have been more assessments of what wrap around services were needed for the grandparents to maintain this placement rather than removing the child from their home. The therapist interviewed felt like [target child] needed to know she was not in control of her placement by her behaviors, and the grandparents did not have the opportunity to work with her in therapy. There was no ongoing assessing with the family on how things were going and what services the grandparents needed. There was no indication of an Ansell Casey Life Skills Assessment to help recognize the strengths of [target child] and identify areas to work on. The therapists did not have access to assessments done by previous counselors.*

Child and Family Assessment is a key element to a successful case. No case that had an unacceptable rating on Child and Family Assessment rated higher than a 4 on overall System Performance. By contrast, 100% of cases with Overall System Performance rated at a 5 or 6

had rated acceptable on Child and Family Assessment. Review of the case stories with unacceptable rating on the assessment indicates several similar concerns which translate into suggestions for ways to improve the assessments. Suggestions include identifying all the primary needs and incorporating them into the assessment. Timely updates within Practice Model sequencing that evolve with the case can help the assessment be more relevant. Incorporating formal assessments is critical for a thorough assessment. Ensuring the assessment information is shared between team members is another vital part of an acceptable rating on Child and Family Assessment.

## **Long-Term View**

The Division has worked hard this past year to enhance caseworkers' understanding and use of the Long-Term View. This may be reflected in the significant improvement in their score this year as compared with last year. The long-term view indicator increased significantly from 75% to 88%. The following is an example of being creative in helping a parent express her long-term view in a way that benefited the mother and the team.

*The most remarkable area of this case was its Long Term View. Being aware that mother's comprehension level of the spoken word remains "immature," the worker, as part of a child and family team meeting, had the mother use her talent as an artist to draw out the family's long term view. The mother drew the long term view as a tree the right side of which was their appropriate goals, needs, steps and aspirations that most team members agree are only dreams. But all of the aspects of the right side are clearly the focus of the family. On the left side of the tree are those involvements that could lead to family disruption, individuals that the parents needed to avoid and situations they as a family need to avoid. Every member of the team the reviewers interviewed knew of the drawing and could identify the long term view of this family.*

A different case demonstrates how the lack of a shared long-term view among team members can lead to poor planning.

*Due to the recent disruption of the kinship placement, the team has differing ideas on what the long-term plan is. Some team members would like to change the primary goal to individualized permanency because they feel the grandparents will not be able to parent, but should stay involved as a respite placement and support system. The grandmother herself was unsure of what the long-term plan should be. Others on the team would like the child to return to the grandparents but are not sure it is a realistic goal.*

*There are vague ideas about what is needed for [target child] to be able to live on her own, independent of DCFS and independent of her family. The most detail given was that she needed to learn skills to regulate her own behaviors. The team was not on the same page as to when the child would be ready to live on her own. Some thought that she could return home as soon as August 2009, while others felt she would need a full year in the structured placement.*

## Child and Family Planning Process

The Region's score on the Child and Family Planning Process indicator decreased from 88% last year to 83% this year. The following case example demonstrates how a relevant and individualized plan can help produce meaningful results.

*The plan is unique to [target child] and her situation. The worker skillfully wove the required TAL elements into statements that were specific to [target child] and her needs. For example, the need statement related to substance abuse treatment provides both historical context and rationale for the treatment: "[Target child] started using meth at the age of 8 years old and has continued to use meth along with other illegal substances to get high. [Target child] reports that she gets high so that she can forget about life and not feel emotions." In two simple sentences, the worker has given us information about [target child's] history and the underlying need driving her behavior.*

*Even the required TAL needs on the service plan are meaningful and specific to [target child]. On Sense of Self, the worker developed an eloquent statement of what her past life has done to this child's emotional development: "[Target child] is her worst critic and struggles with personal empowerment and having the sense of self that would provide her with the desire to live a life free of drugs and alcohol." The steps are also designed to help [target child] understand that we are not just interested in how many therapy sessions or AA meetings she attended, but in helping her make internalized changes to her thinking patterns and self-perception.*

*Services have been tailored to fit her and her desires. A review of team meeting minutes shows that assessment and planning are integrated into the teaming process and discussed regularly, not just every six months. The plan was updated and accurately reflected [target child] and her situation at the time of the review.*

Another case example demonstrates how an outdated or insufficient written plan can become an irrelevant document.

*The formal written Child and Family Plan is problematic. The recently updated plan has some outdated steps and does not reflect the current big picture of the case. The Child and Family Plan is considered a legal document. The current document does not reflect the status of the parents' parental rights but rather indicates, "No disposition exists at this time." The document does not reflect the current legally free status of the children. The current legal and working goal of the case is adoption, but there is not a need statement or specific steps regarding adoption. The plan could be updated to reflect some of the steps towards adoption that are already being implemented and could also include information about post adoption services that several team members are worried about. No strengths specific to [target child] are identified in the plan. There are educational needs and steps listed for the younger siblings specifically by name along with the generic education step, but nothing individualized to [target child].*

## Plan Implementation

Plan Implementation was the highest core system indicator at 100%. This was a significant increase from last year's score of 79%. A plan that is being implemented in a meaningful way produces measurable results as outlined in the following case.

*All services and supports outlined in the child and family plan are being implemented in a consistent and timely manner. The Regional Clinical Consultant and the Region Adoption Specialist are providing therapy and instruction on Cognitive/Behavior/Trauma therapy using the Stress Model. The Clinical Consultant is available for and has responded to calls from the foster parents for assistance in dealing with [target child's] emotional and behavioral outbursts. The school has responded to the request that they monitor [target child's] compliance in completing academic assignments, which has alleviated a major source of contention in the foster home. Service providers are readily available to provide support to the family and have responded quickly to requests for assistance.*

There were no examples of cases that scored in the unacceptable range on Plan Implementation. This is particularly impressive for one of the core system indicators.

## Tracking and Adaptation

The tracking and adaptation indicator was rated at 88% for the second year in a row. This core indicator has continued to be above standard for several years. Good tracking and adaptation helps with monitoring progress and timelier decision-making as seen in the following case example.

*[Target child] came into DCFS custody under difficult circumstances for him. He was defiant, prone to running away, resistant to therapy, etc. [Target child's] placement in [a residential program] after several failed placements is an example of the adaptation that occurred in this case. It was what [target child] needed at the time. His step-down to structured foster care is another good example. For most residents, the program at [the residential program] is a year or more. [Target child's] progress was tracked carefully as he moved through the levels, and the team moved to step [target child] down to a less restrictive placement without delay.*

In the cases that struggled with tracking and adaptation scores, lack of information between team members often led to poor tracking of progress as well as not adapting to help prevent problems from reoccurring. Consider the following example.

*The peer parent was unaware that she could be part of the team if the parents wanted her there. Her information is critical as she is with the parents, and often the child, more than the caseworker is. It would be advantageous for DCFS to ask the parents to include the peer parent as she sees them at least once a week and can verify their accomplishments on the services she is providing and provide an assessment of their*

*interaction with their child and each other when she visits the family home. The therapist also states that he is called occasionally and asked how the parents are doing but is not included in regular teaming efforts where the tracking of progress and adapting to new situations is addressed.*



## V. Practice Improvement Opportunities

During the Qualitative Case Review process, opportunities for practice improvement were observed and identified regarding the system and case management. At the conclusion of each two-day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present two or three practice improvement opportunities on their case that could improve case outcomes. The suggestions have been categorized into common themes which are listed below.

### Engaging

In cases where engaging could be improved:

- There was a need for the worker to have better communication with the child, foster parent, and tracker. Communication had been going through the Director of the Program which was problematic because the information did not get relayed timely. Direct communication needed to be made with those who had regular contact with the child. The lack of direct communication negatively impacted the satisfaction of team members.
- The Guardian ad Litem (GAL) believes that newer workers are more guarded with communication than workers use to be. There use to be better information flow and openness with the GAL's office. There was a sense that workers that have been around longer still have the old philosophy of more freely sharing information.

### Teaming

In cases where teaming needed improvement:

- There had been no family team meeting for almost a year. As a result, team members were missing pieces of the assessment, such as the Guardian ad Litem being unaware of the significant marital problems in the home until way after the fact. Some team members did not even know the child had developmental delays. Foster mother wished there had been team meetings during the time when there was a lot of discussion about filing an order to show cause on the mother so the team could all understand what was going on with the mother.
- The case history had no pattern of teaming. There was no way to demonstrate how the team was sharing information. The school had not been to a family team meeting. Math was an issue for the child and the IEP was not working. The Special Education and mainstream teachers were missing from the team. The child was at a critical point of transitioning into middle school so it was important to have the school involved.
- Separate family team meetings were held for the maternal and paternal sides of the family. It would have been very helpful to resolve the discord between the two families so they could have had a joint family team meeting. The maternal family needed to be helped with seeing the advantages of keeping the paternal family involved in case something happens to the maternal grandparents.
- The 17-yr-old foster child had only been to one of the family team meetings. The child had not been an integral part of their TAL planning. There was a need to better understand the teenager's goals and help outline what steps were needed to get there.

## **Assessment**

In cases where assessment needed improvement:

- Formal assessments were being completed late in the case. More information could have been gathered from informal assessment sources such as the grandmother who had a wealth of family history information.
- Each team member had a different understanding of the assessment. This delayed reunification efforts such as expanding visitation. The father was not engaged in the assessment process because initially he wasn't in the home but has since moved in. Either way he was going to be in the children's lives so it would have been important to include him in the assessment.
- The parents were being required to take a parenting class but none of the team members thought the parents needed help with parenting skills. The team was not sure where the requirement for parenting classes came from, but it was probably ordered by the court before they knew whether the parents needed parenting skills or not.

## **Long-term View**

In cases where long-term view needed improvement:

- The long-term view did not include any information about the father or his involvement. The father was released from jail months ago and had been residing in the home. The father had done everything on his own in spite of lack of DCFS help. The long-term view did not account for his role in the case.
- The long-term view was unknown and different team members had varying opinions of what would happen. The written long-term view was about the mother but the team was unsure if the teenage child would return to the mother. There were no steps regarding what the child would need to do to become independent.

## **Planning**

In cases where planning needed improvement:

- The planning process was problematic because the parent was not involved in the plan creation. She did not feel like a full participant but felt like she was just told what she needed to do. The plan was created before the family team meeting.
- The formal plan was not updated to reflect the legal goals or the implicit plan the team was working on. Visitation was one of the primary issues being assessed and planned for in the team meeting but then visitation was not included in the written plan which was updated after the team meeting. The written plan needed to reflect the team's current planning.
- A concurrent plan needed to be put in place. If mom failed, the children would probably go to family, but they hadn't identified a specific member.
- The plan was too generic while waiting for adoption to proceed. The plan was not detailed with information regarding steps to accomplish the adoption. The children had extensive medical needs. The plan could have been more individualized to reflect the specific health care history and medical needs of each child.

## Caregiver

- The children were in shelter care for about a month. The children were very ill while there. There were concerns with the lack of follow through on the medical care while at the shelter.
- The previous foster parents had not been giving the child his medication as prescribed.

## General observations

A few themes emerged in analyzing the input from reviewers regarding practice improvement opportunities they observed and identified during their review of the cases. These themes and general observations are listed below.

- Courtesy supervision needs to be looked at statewide. Not having the primary caseworker make the regular home visits can create a disconnect in the team's information sharing and the primary worker's understanding of the child's needs. Issues related to courtesy supervision were also raised during the stakeholder interviews and are outlined in the Stakeholder Observation section of the report.
- A couple of cases had questions around the use of Orders to Show Cause (OSC). There are inconsistencies between the GAL and AAG's view of the use of an OSC. Some GAL's and caseworkers request OSC's to try to address a parent's non-compliance with the court orders. The AAG's have indicated it may not be appropriate to use an OSC as a motivator for compliance. In one case, it was felt that had the mother been held more accountable earlier in the case, it might have increased her level of follow through on court ordered requirements.
- As one of the legal partners, the Guardian ad Litem plays an important role in the cases. In some cases the GAL was not aware of the current status of the case. In one case, the GAL thought the children were still placed in Salt Lake when in fact they had been moved. On another case, the court report was going out less than two days before the court hearing and the GAL was not up to speed. The GAL didn't think things were going well but they actually were. The case was in a position to be closed but the concern was the GAL could delay the closure by giving a negative report which would be very unfortunate because he was out of the loop.
- Several concerns were identified on the CPS portion of the cases. Some of the identified areas of concern included inadequate assessment of the CPS situation and not following up on additional information, a child's medical information not being provided to the foster parents prior to placement, and another family with extensive CPS history with no formal supportive services being offered. Another case raised concerns as a result of the worker down playing what appeared to be serious allegations while a different case had allegations raised that were not referred for investigation. Another case highlighted the need to review all CPS history to make sure that all safety risks have been adequately addressed.

## VI. Analysis of the Data

### RESULTS BY CASE TYPE AND PERMANENCY GOALS

The following table compares how the different case types performed on overall system performance. The data also indicates how many scores the case types had in the acceptable scoring range of 4's, 5's and 6's.

Case Type	# in Sample	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Foster Care SCF	18	6	9	2	17	94%
Home-Based PSS	6	2	4	0	6	100%

All case types achieved scores well above the 85% standard. The only case that scored in the unacceptable system performance range was a foster care case. Foster Care and Home-Based cases rated about the same within the acceptable range. For Foster Care, 65% of the cases rated as a 5 or higher. For the Home-Based cases, 67% scored a 5 or higher.

The table below compares how each Goal Type performed on overall System Performance. The only Goal Type that did not score 100% was the permanency goal of reunification. However, all goal types achieved scores above the 85% standard. When comparing Goal Types (for goal types with more than one case selected), cases with a goal of Individualized Permanency rated higher than other case goal types with 100% of the cases rating at 5 or higher. The Goal of Adoption had the lowest percent of cases scoring in the 5 or higher range (33%).

Goal	# in Sample	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Adoption	6	4	2	0	6	100%
Guardianship (Non-Relative)	1	0	1	0	1	100%
Guardianship (Relative)	1	1	0	0	1	100%
Individualized Permanency	4	0	3	1	4	100%
Remain Home	5	2	3	0	5	100%
Reunification	7	1	4	1	6	86%

## RESULTS BY CASEWORKER DEMOGRAPHICS

When comparing the caseworker's caseload size with the positive overall System Performance outcomes, the data indicates that caseload size had no significant impact on the overall system performance rating. The data does suggest that caseloads of 15 or fewer cases tend to score significantly higher ratings than caseloads of 16 or more cases. For caseloads of 15 or fewer cases, 81% of the cases that scored in the acceptable range rated as a 5 or higher. For caseloads of 16 or more cases that scored in the acceptable range, only 29% rated as a 5 or higher.

Caseload Size	# in Sample	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
12 cases or less	9	3	6	0	9	100%
13 to 15 cases	8	0	6	1	7	88%
16 cases or more	7	5	1	1	7	100%

As the following chart shows, the caseworker's length of employment in their current position did not produce a significant difference in the percent of acceptable overall system performance scores. The only length of employment categories that had no cases that scored at a rating of 5 or higher were workers with 4 to 6 years of experience with DCFS. Workers with more than six years of experience had 100% of their cases rated as a 5 or higher.

Length of Employment in Current Position	# in Sample	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Less than 12 months experience (< 1 year)	6	2	4	0	6	100%
12 to 24 months experience (1 year)	6	2	4	0	6	100%
24 to 36 months experience (2 years)	4	2	2	0	4	100%
36 to 48 months experience (3 years)	3	1	1	1	3	100%
48 to 60 months experience (4 years)	1	1	0	0	1	100%
60 to 72 months experience (5 years)	1	0	0	0	0	0%
More than 72 months experience (> 6 years)	3	0	2	1	3	100%

## RESULTS BY OFFICE AND SUPERVISORS

When the case samples were selected for the review, cases from six different offices were identified as part of the sample selection. When evaluating acceptable overall System Performance by each individual office in the region, the majority of offices (five) scored at 100%. Office F was the only office with one case that had an unacceptable rating on overall system performance, but they still achieved an impressive score of 92%. Eighty two percent of their acceptable scores were in the 5 and 6 range.

SYSTEM PERFORMANCE						
Office	Total Cases from Office	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
A	1	1	0	0	1	100%
B	6	3	2	1	6	100%
C	1	0	1	0	1	100%
D	2	1	1	0	2	100%
E	2	1	1	0	2	100%
F	12	2	8	1	11	92%

A total of seven supervisors from throughout the Region participated in this year's review. When evaluating acceptable System Performance by each individual supervisor that participated in the review, the vast majority of the supervisors (six) had acceptable System Performance ratings on 100% of their cases reviewed. One supervisor, C, stands out in that 100% of the cases selected on her team scored in the 5 and 6 range.

SYSTEM PERFORMANCE							
Supervisor	Office	Total Cases	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
A	E	2	1	1	0	2	100%
B	F	3	1	2	0	3	100%
C	F	5	0	4	1	5	100%
D	D	2	1	1	0	2	100%
E	F	4	1	2	0	3	75%
F	B	6	3	2	1	6	100%
G	A / C	2	1	1	0	2	100%

## CORE DOMAINS WITH ACCEPTABLE SCORES

For the past two years, Southwest Region has maintained an overall System Performance rating above the original exit criteria standard of 85%. The question then became- how are the ratings of 4 (minimally acceptable), 5 (substantially acceptable) and 6 (optimal) trending within the overall successful system performance rating? Below is analysis of the acceptable ratings for all core system indicators (C and F Team/Coordination, C and F Assessment, LTV, C and F Planning Process, Plan Implementation, and Tracking and Adaptation) over the last eight years. In 2007, the Region was below the exit standard at 83%. Since that time, the trend indicates an increase in core indicator scores. The biggest increase (4 points) is in the core indicators that scored at a 4. The concern would be if the increase in 4's were a result of a decrease in the 5's and 6's, rather than the increase in 4's resulting from scores being elevated from the unacceptable range. The chart below confirms a slight increase in the indicators scored at a 5 and 6. The increase in 4's is directly related to the decrease in the indicators that had been scored at a 3 and 2.

Totals of All Core Domain Scores								
Year	Percent with a rating of 1	Percent with a rating of 2	Percent with a rating of 3	Percent with a rating of 4	Percent with a rating of 5	Percent with a rating of 6	Overall Percentage of Acceptable	Avg. of Acceptable System Perform. Scores
2002	3%	8%	28%	33%	25%	2%	60%	4.5
2003	0%	4%	17%	26%	45%	8%	79%	4.8
2004	0%	3%	7%	35%	44%	12%	90%	4.7
2005	0%	0%	4%	26%	52%	18%	96%	4.9
2006	0%	1%	13%	35%	36%	15%	86%	4.8
2007	0%	3%	22%	46%	26%	2%	75%	4.4
2008	0%	4%	15%	40%	35%	6%	81%	4.6
2009	0%	1%	12%	44%	36%	8%	88%	4.6

## **VII. Summary and Recommendations**

### **Summary**

The Southwest Region had excellent outcomes in their performance on the Qualitative Case Review for 2009. The Region elevated both the Overall Child Status rating and the Overall System Performance rating to 96%. Overall Child Status increased four points over last year with only one case rating as unacceptable. Overall System Performance increased eight points with only one case rating as unacceptable. Of the 21 indicators that were scored, the Region maintained 100% in three of the indicators and increased in 11 other indicators. Three indicators (Appropriateness of Placement, Plan Implementation, and Formal/Informal Supports) increased to 100% this year. Three of the indicators in Child Status (Appropriateness of Placement, Emotional/Behavioral Well-Being, and Family Functioning and Resourcefulness) experienced double digit increases with one (Family Functioning and Resourcefulness) increasing 36 points over last year's score. The System Performance scores had five indicators (Child and Family Team and Coordination, Long-Term View, Plan Implementation, Formal/Informal Supports, and Effective Results) that had a double-digit jump in acceptable scores. Plan Implementation experienced the largest improvement in score with a 21-point increase. Of the total 21 indicators that were scored, four indicators experienced a slight decrease. Two Child Status indicators (Prospects for Permanence and Learning Progress) experienced a four-point drop over last year's scores. Two of the System Performance indicators (Child and Family Planning Process and Child and Family Participation) experienced a slight drop, the largest decrease being a five-point drop in the Child and Family Planning indicator. Southwest Region exceeded the standards in that both Child Status and System Performance scored well above the 85% standard and all core system indicators exceeded 70%.

At the beginning of this fiscal year, there was potential for the David C. lawsuit to be dismissed with prejudice by the end of December 2008. After fifteen years of oversight by the Federal Court and Court appointed monitor, Utah's child welfare system had dramatically improved, making the state a model for the nation. The Division had been able to sustain the mechanisms, systems, and resource allocation set forth in the exit agreement. By official order of the Honorable Judge Tena Campbell, the David C. V. Leavitt, et al lawsuit was dismissed with Prejudice in an order that was signed on January 5, 2009. The Southwest Region has been a major part of this unprecedented, historic advance in Child Welfare practice.

### **Recommendations**

- 1) In regards to Child Status performance, the Region has done well at steadily increasing the overall Child Status score over the last two years. The two Child Status indicators that would benefit from continued focus are Stability and Prospects for Permanence. The two indicators are often interconnected. The Stability rating appears to have plateaued at 71% and the Prospects for Permanence dropped four points to 67%. It is recommended that the Region continue to support the various concerted efforts aimed at addressing



these issues such as the QIC goals and Court Improvement Project which are focused on improving stability.

- 2) In regards to the System Status performance, the Region has seen a measurable increase in each of the last two years. All of the core indicators as well as all other system indicators scored well above 80% except one core indicator. The Child and Family Assessment indicator appears to have hit a plateau at 75% for the second year in a row. It is recommended that the Region continue to focus improvement efforts on sustaining this indicator above the standard line. Some identified areas of improvement are outlined in the Child and Family Assessment portion of the Summary of Case Specific Findings section of this report.
- 3) It is recommended that the Region review the concerns related to safety and CPS which are outlined in the Practice Improvement section of this report. The Region could address the issues related to safety through training or other means deemed appropriate by the Region.

## VIII. APPENDIX

### I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provided for four monitoring processes. Those four processes were: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provided for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must have achieved the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipated that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

On June 28, 2007, Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

## II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Partnerships	
Organizational Competence	Professional Competence	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

*Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.*

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*

5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*
6. *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*
7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*
8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*
9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*
10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

### III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?”

AUDIT FOCUS:

“Were services offered to the family?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in

evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

<u>Child and Family Status</u>	<u>System Performance</u>
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
<b>Overall Status</b>	<b>Overall System Performance</b>

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are

currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a “human face” on issues of concern.

## **Methodology**

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

A total of 24 cases were selected for the review, and 23 cases were reviewed. There was one case that was pulled for review, and just before the review was to take place, the parent withdrew his consent to have the child interviewed. Since the child could not be interviewed, this case was not reviewed.

## **Reviewers**

Due to the recent approval of the agreement between the parties to the David C. Lawsuit and the cessation of formal monitoring, no reviewers from the Child Welfare Group participated on this review. Reviewers were all from Utah and were drawn from the Office of Services Review, DCFS, and community partners.

## **Stakeholder Interviews**

As a compliment to the individual case reviews, the Office of Service Review staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah's child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations were briefly described in a separate section.